BEST AVAILABLE COPY

	PATENT A		N FEE DE e Novemb	RD	4	13035)						
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL ENTITY TYPE			OTHER SMALL	
FOR			NUMBER FILED			NUMBER EXTRA		F	RATE	FEE		RATE	FEE
BASIC FEE										380.00	OR		760.00
TOTAL CLAIMS			4	minus 20=		*		\rightarrow	(\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			4	minus 3 =		*		>	(39=		OR	X78=	78 00
MULTIPLE DEPENDENT CLAIM PRESENT									130=		OR	+260=	<u> </u>
* If the difference in column 1 is less than zero, enter "0" in column 2											OR OR	TOTAL	628 es
CLAIMS AS AMENDED - PART II												OTHER	THAN
(Column 1) (Column 2) (Column 3)									MALL	ENTITY	OR	SMALL	
ENTA		REM. AF	AIMS AINING TER IDMENT		PF	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	* - 1	48	Minus	**	20	= 36	\	(\$ 9=		OR	X\$18=	5 64
AME	Independent	*	4	Minus	***		=		(39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								130=		OR	+260=	
		(Coli	umn 1)		10	Column 2)	(Column 3)	ADE	TOTAL IT. FEE		OR	TOTAL ADDIT. FEE	604 PUTY)
AMENDMENT B		CL REM AF	AIMS AINING TER IDMENT		Pi	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	>	(\$ 9=	,	OR	X\$18=	
	Independent			Minus		*	=		(39=		OR	X78=	
	FIRST PRESE	NTATIO	ON OF MU	JLTIPLE DEF	PENI	DENT CLAIM		+	130=		OR	+260=	
TOTAL ADDIT. FEE OI											OR	TOTAL ADDIT. FEE	
		umn 1)											
AMENDMENT C		REM Af	LAIMS MAINING FTER NDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA	F	ATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=	×	\$ 9=		OR	X\$18=	
ME	Independent	*		Minus	**		= .	×	 (39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM												
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.												+260=	
**	f the entry in colui f the "Highest Nui f the "Highest Nui	mber Pre	eviously Pa	aid For" IN THIS	S SP	ACE is less tha	n 20, enter "20."	ADD	TOTAL IT. FEE		OR ,	TOTAL ADDIT. FEE	
	The "Highest Num							found i	n the ap	propriate box	c in col	umn 1.	

Application or Docket Number